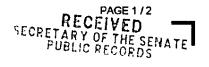
262696666

FEC FORM 3L



REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS 18 $\,$ AM []: 19 AND LOBBYIST/REGISTRANT PACs

1.	. NAME OF COMMITTEE (in full)		TYPE OR PRINT		Example: If typing, type over the lines.		12FE4M5	
,E	lizabe	eth for MA, Inc.						
	1 1	<u> </u>		1 1 1 1 .	<u> </u>	<u> </u>		
AD	DRESS	(number and street)	P.O. Box 290568	1 1 1 1 1 1	<u> </u>	<u> </u>		
	-	Check if different	Boston		1	MA	02129	
		han previously eported. (ACC)	L h d domini kan	CITY		STATE	ZIP CODE	
2.	FEC	C IDENTIFICATION NUM C00500843	UMBER 3.	S THIS NEV	v	AMENDED	4. STATE DISTRICT	
	С			REPORT X (N)	OR	(A)	For Candidates Only	
5.	TYPE OF REPORT (Choose One)		(b) Monthly Report	Feb 20 (M2)	May 20 (M5)	Aug 20	(M8) Nov 20 (M11) (Non-Election Year Only)	
	(a) Q	uarterly Reports:	Due On:	Mar 20 (M3)	Jun 20 (M6)	Sep 20	(M9) Dec 20 (M12) (Non-Election Year Only)	
		April 15 Quarterly Report (Q1))	Apr 20 (M4)	Jul 20 (M7) and Semi-annual Rej		(M10) Jan 31 (YE) and/or Semi-annual Report	
		July 15 Quarterly Report (Q2) and/or Semi-annual Re			,	(12G) Auno ion (12C)	off (12R) This report also covers the semi-annual period	
	×	October 15 Quarterly Report (Q3)	in the L		•	Y in the		
		January 31 Year-End Report (YE) and/or Semi-annual Re July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Re		1		State of	See Line 6(b)	
			eport (d) 30-Day POST-Elect Report for	• •		(30R) Specia	This report also covers the semi-annual period	
				ม น / o o	, y y y	Y in the State of	See Line 6(b)	
6.	Cove	red Period(s)	(a) Quarterly/Mont	hly/Pre-/Post-Election	Covered Period	(b) Semi-annual Covered Period	
		report covers 08	/ b b / y y y y 18 2012	v through 09	, в в , ч 30	v v v 2012 and	January 1 - June 30 /or	
							July 1 - December 31	
7.		Reportable Bundled C yists/Registrants or Lo		Quarterly/Monthly/Pre-/F	Post-Election Cover	ed Period (b)	Semi-annual Covered Period	
l c	ertify th	at I have examined to	his Report and to the b	est of my knowledge	and belief it is	true, correct and	complete.	
Тур	e or P	rint Name of Treasure	er Bruce Mann					
Sig	nature	of Treasurer				Date I C	5 63 4613	
NO	TE: Su	bmission of false, error	neous, or incomplete info	rmation may subject t	he person signing	g this Report to th	ne penalties of 2 U.S.C. §437g.	
		Office Use Only					FEC FORM 3L 02/2009	